

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP 03/08064

International Application No.

18 JUL 2003

International Filing Date

(**18.07.2003**)

EUROPEAN PATENT OFFICE

PCT INTERNATIONAL APPLICATION

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) **402865WO**

Box No. I TITLE OF INVENTION Telecommunications radio system for mobile communication services	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
KONINKLIJKE KPN N.V. Stationsplein 7 9726 AE GRONINGEN The Netherlands	Telephone No. +31 70 4460678 Facsimile No. +31 70 4460840 Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
KLOMP Martin Willem dr. Merckenschlagerstrasse 65 91174 SPALT Germany DE	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
WUYTS Koenraad Maria Koninklijke KPN N.V. P.O. Box 95321 2509 CH THE HAGUE The Netherlands	Telephone No. +31 70 4460678 Facsimile No. +31 70 4460840 Teleprinter No. Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HERBERT Germar Jochem Wolkersdorferstrasse 105 90455 NÜRNBERG Germany DE		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: DE		State (that is, country) of residence: DE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) 		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) 		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) 		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) 		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MWMalawi | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> GE Georgia | | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GH Ghana | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GM Gambia | | <input checked="" type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:



Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM				
The priority of the following earlier application(s) is hereby claimed:				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 22 July 2002	10233172.3	DE		
item (2)				
item (3)				
item (4)				
item (5)				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:				
<input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> item (5) <input type="checkbox"/> other, see Supplemental Box				
* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				
ISA /				
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year)	Number	Country (or regional Office)		
27 January 2003		EP		
Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):				Number of declarations
<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor			:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent			:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application			:
<input checked="" type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)			: 1
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty			:

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: DE 10233172.3 filed on 22 July 2002

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: KLOMP Martin Willem

Residence: dr. Merckenschlagerstrasse 65; 91174 SPALT; Germany
(city and either US state, if applicable, or country)

Mailing Address: P.O. Box 95321
2509 CH The Hague; The Netherlands

Citizenship: German

Inventor's Signature: 
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)


Date: 23.07.03
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: HERBERT Germar Jochem

Residence: Wolkerdorferstrasse 105; 90455 NÜRNBERG; Germany
(city and either US state, if applicable, or country)

Mailing Address: P.O. Box 95321
2509 CH The Hague; The Netherlands

Citizenship: German

Inventor's Signature: 
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: 23.7.03
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets) : 65

description (excluding sequence listings and/or tables related thereto) : 13

claims : 5

abstract : 1

drawings : 3

Sub-total number of sheets : 27

sequence listings :

tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 0

(b) ☐ only in computer readable form (Section 801(a)(i))(i) ☐ sequence listings(ii) ☐ tables related thereto(c) ☐ also in computer readable form (Section 801(a)(ii))(i) ☐ sequence listings(ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listings:☐ tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

1. ☐ fee calculation sheet2. ☐ original separate power of attorney3. ☐ original general power of attorney4. ☒ copy of general power of attorney; reference number, if any:5. ☐ statement explaining lack of signature6. ☐ priority document(s) identified in Box No. VI as item(s):7. ☐ translation of international application into (language):8. ☐ separate indications concerning deposited microorganism or other biological material9. ☐ sequence listings in computer readable form (indicate type and number of carriers)(i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):(ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter(iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers)(i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)(ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)(iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column11. ☐ other (specify):

Number of items

will follow

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Wuyts, Koenraad Maria

For receiving Office use only

1. Date of actual receipt of the purported international application:

18 JUL 2003

(18.07.2003)

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☒ received:☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

402865WO

Applicant

Koninklijke KPN N.V.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE EUR 100 [T]

2. SEARCH FEE EUR 945 [S]

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 28
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

[b1] first 30 sheets EUR 444 [b1]

[b2] _____ x _____ = _____ [b2]
number of sheets in excess of 30 fee per sheet

[b3] additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = _____ [b3]
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B EUR 444 [B]

Designation Fees

The international application contains 88 designations.

5 x 96 = EUR 480 [D]
number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I EUR 924 [I]

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) [P]

5. TOTAL FEES PAYABLE EUR 1969

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons
☐ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.
☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ EPO

Deposit Account No.: 2 809 0011

Date: 18 July 2003

Name: K.M. Wuyts

Signature:

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

KLOMP Martin Willem

hereby appoints (appoint) the following person as:

☒ agent

☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

WUYTS Koenraad Maria
Koninklijke KPN N.V.
P.O. Box 95321
2509 CH The Hague
The Netherlands

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ the International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: Telecommunications radio system for mobile communication services

Applicant's or agent's file reference: 402865WO

International application number (if already available):

filed with the following Office EPO as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

KLOMP Martin Willem



Date:

23.07.03

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

HERBERT German Jochem

hereby appoints (appoint) the following person as:

☒ agent

☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

WUYTS Koenraad Maria
Koninklijke KPN N.V.
P.O. Box 95321
2509 CH The Hague
The Netherlands

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ the International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: Telecommunications radio system for mobile communication services

Applicant's or agent's file reference: 402865WO

International application number (if already available):

filed with the following Office EPO as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

HERBERT German Jochem



Date:

23.7.03

Kopie an den Bevollmächtigten
To be returned to authorisee
Copie destinée au mandataire

1 **ALLGEMEINE VOLLMACHT
GENERAL AUTHORISATION
POUVOIR GENERAL**

AV Nr. (bitte bei jeder Korrespondenz angeben)
GA No. (please quote in all correspondence)
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21396(rev)

2 Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.
Stationsplein 7
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The Netherlands

3 bevollmächtigt(n) hiermit / do hereby authorise / autorise (autorisons) par la présente

the following employee of Koninklijke KPN N.V.
WUYTS Koenraad Maria (Professional Representative)

Mailing address: Koninklijke KPN N.V.
Intellectual Property Group
P.O. Box 95321
2509 CH THE HAGUE
The Netherlands

4 mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten, alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive payments on my (our) behalf.
à me (nous) représenter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute procédure instituée par la Convention sur le brevet européen et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.

☒ Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patentrechts.
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.
Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

5 ☒ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.

6 ☒ Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.
Prière de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort/Place/Lieu The Hague

Datum/Date August 27, 2002

Unterschrift(en) / Signature(s)

K.M. Wuyts (Head Intellectual Property Group)

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